

STATE OF NEW HAMPSHIRE 2019 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

APR 1 9 2019

HIRE STATE

PLEASE	PRINT		NEW HA
I. Name of Lobbyist(s) Case	y Caldwell		DEFARING
II. Name of lobbyist's partners	hip, firm or corporation, if a	ıny:	
WellCare Health Plan	-	•	
	rship, firm or corporation)		
8735 Henderson Road,	Ren 1, Floor 2 Tampa	FL	33634
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(Telephone)	()(Fax	e-mail <u>Casey.</u>	caldwell@wellcare
III. This statement covers: (Ch reportable expense transaction	oose one – file separate repo s which are not attributable	rts for each client, OR you to any one client).	may file a separate repo
All reportable transactions or	occurring in the months prior to	the reporting date relative to	the following client:
An reportable transactions of	prior to	,	•
- An reportable transactions of			· ·
(Full Nam	WellCare Health P	lans, Inc.	
(Full Nan	WellCare Health P	lans, Inc. Obbyist Registration Form)	
(Full Nam OR □ All reportable transactions by unrelated to any particular client. IV. Date of Report April 24	WellCare Health P	lans, Inc. Obbyist Registration Form)	ng firm listed below which
(Full Nam OR ☐ All reportable transactions by unrelated to any particular client. IV. Date of Report April 24 Reports cover: activity from data October	WellCare Health P ne of Client as it appears on the Lo the lobbyist (including the lob. 4, 2019 X	Plans, Inc. Subbyist Registration Form) Subbyist's family), or the lobbyi	ng firm listed below which
(Full Nam OR □ All reportable transactions by unrelated to any particular client. IV. Date of Report April 24 Reports cover: activity from data October	WellCare Health P ne of Client as it appears on the Lo the lobbyist (including the lob 4, 2019 are of registration to 3/31/19 are 30, 2019 are 7/1/19 to 9/30/19 received and no reportable	July 31, 2019 July 31, 2019 January 29, 2020 activity from 10/1/19 to 12/2	ng firm listed below which
(Full Nam OR ☐ All reportable transactions by unrelated to any particular client. IV. Date of Report April 24 Reports cover: activity from data October activity from V. There have been no fees a If this box is checked, complete j	WellCare Health P the of Client as it appears on the Lo the lobbyist (including the lob 4, 2019 30, 2019 m 7/1/19 to 9/30/19 received and no reportable ust this form and submit it to the	July 31, 2019 July 31, 2019 January 29, 2020 activity from 10/1/19 to 12/2	ng firm listed below which
(Full Nam OR ☐ All reportable transactions by unrelated to any particular client. IV. Date of Report April 24 Reports cover: activity from date October activity from V. There have been no fees a lf this box is checked, complete j Concord, NH 03301. VI. Check if additional reports ☐ If you have received fees or	WellCare Health P ne of Client as it appears on the Lo the lobbyist (including the lob 4, 2019 a 30, 2019 a 30, 2019 a 7/1/19 to 9/30/19 received and no reportable sust this form and submit it to the sare attached: made expenditures, you must the same of the content of the same attached:	July 31, 2019 July 31, 2019 January 29, 2020 activity from 10/1/19 to 12/2 e transactions made since the Secretary of State's Office,	ng firm listed below which 19 31/19 the last report. State House, Room 204,
(Full Nam OR ☐ All reportable transactions by unrelated to any particular client. IV. Date of Report April 24 Reports cover: activity from date October activity from V. There have been no fees a lf this box is checked, complete j Concord, NH 03301. VI. Check if additional reports ☐ If you have received fees or	WellCare Health P ne of Client as it appears on the Le the lobbyist (including the lob 1, 2019 1, 2019 2, 30, 2019 2, 30, 2019 2, 30, 2019 2, 30, 2019 3, 30, 2019 3, 30, 2019 4, 2019 5, 30, 2019 5, 30, 2019 6, 30, 2019 6, 30, 30, 30, 30, 30, 30, 30, 30, 30, 30	July 31, 2019 July 31, 2019 January 29, 2020 activity from 10/1/19 to 12/2 e transactions made since the Secretary of State's Office,	ng firm listed below which 19 31/19 the last report. State House, Room 204,

I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. 4/18/19 (Date)

(Signature of lobbyist)

Casey Caldwell

(Print Name of lobbyist)